

The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

OF THE

NORTHAMPTON STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1922

DEPARTMENT OF MENTAL DISEASES



PUBLICATION OF THIS DOCUMENT
APPROVED BY THE
COMMISSION ON ADMINISTRATION AND FINANCE

BOSTON
WRIGHT & POTTER PRINTING CO., STATE PRINTERS
32 DERNE STREET

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OFFICERS

OF THE

NORTHAMPTON STATE HOSPITAL.

TRUSTEES.

Mr. HARRY L. HOWARD	Hatfield.
Mr. JOSEPH W. STEVENS, <i>Secretary</i>	Greenfield.
Mrs. EMILY N. NEWTON	Holyoke.
Miss CARLOINE A. YALE	Northampton.
LUKE CORCORAN, M.D., <i>Chairman</i>	Springfield.
Mr. CHARLES W. KING	Chicopee Falls.
Mr. EDWARD C. GÈRE	Northampton.

RESIDENT OFFICERS.

JOHN A. HOUSTON, M.D.	<i>Superintendent.</i>
EDWARD W. WHITNEY, M.D.	<i>Assistant Superintendent.</i>
ANGELA BOBER, M.D.	<i>Senior Assistant Physician.</i>
ORLAND R. BLAIR, M.D.	<i>Assistant Physician.</i>
— — —	<i>Assistant Physician.</i>
— — —	<i>Assistant Physician.</i>
HARRIET W. WHITNEY, M.D.	<i>Physician to Out-patient and Social Service De- partments.</i>
LUCIEN H. HARRIS, D.D.S.	<i>Dentist.</i>

NONRESIDENT OFFICERS.

Miss EVA L. GRAVES	<i>Chief Clerk and Treasurer (office at the hospital).</i>
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HEADS OF DEPARTMENTS.

Mr. L. W. SINCLAIR	<i>Engineer.</i>
Mr. FRANK W. SMITH	<i>Steward.</i>
Mr. GEORGE B. ALLEN	<i>Farmer.</i>
Miss S. E. WARREN	<i>Matron.</i>
Miss LUCIA PRATT	<i>Social Service Worker.</i>
— — —	<i>Director of Occupational Therapy.</i>

CONSULTING BOARD OF PHYSICIANS AND SURGEONS.

E. A. BATES, M.D.	Springfield.
E. W. BROWN, M.D.	Northampton.
W. J. COLLINS, M.D.	Northampton.
C. R. GARDNER, M.D.	Northampton.
D. E. HARRIMAN, M.D.	Springfield.
R. H. SEELYE, M.D.	Springfield.
H. T. SHORES, M.D.	Northampton.

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor of the Commonwealth and the Honorable Council.

The trustees of the Northampton State Hospital respectfully submit their report for the year ending Nov. 30, 1922.

The superintendent's report will tell of the activities of the hospital and the treasurer's report will show in detail its financial affairs.

A daily average number of 1,040.42 patients were maintained at a weekly per capita cost of \$6.0033. This does not include the full cost of maintenance, because neither taxes nor interest on the Commonwealth's investment are reckoned as a part of the cost, nor the value of the milk, meats and vegetables produced on the farm.

The receipts from board of patients and from sales and other sources amounted to \$85,355.66.

The superintendent's monthly reports to our Board have been a frequently repeated tale of the difficulties and embarrassments of caring for a steadily increasing excess of patients with a fairly constant deficiency of officers and employees. We learn that neighboring States have had the same trouble in getting employees and in keeping them in the service. These conditions seem to be due largely to scarcity of labor and to the ease of obtaining employment in other pursuits that are more lucrative and less unattractive. The fact itself that so few apply for positions in our service implies that wages and living conditions offered by the hospital are not attractive enough, and this applies to all groups and grades in the service. Compensation should be sufficiently attractive to enable Massachusetts to make a selection from qualified applicants instead of having to accept only those who cannot get service elsewhere.

The annual reports of our Board over a long period of years have called attention to our need of more room for the accommodation of the patients from our district. Not to repeat the facts that emphasize this need, we refer to the superintendent's report, and in accordance with his recommendation respectfully request the Legislature to make an appropriation for the erection of two dormitories, one for men and one for women. The cost of each of these, based on estimates submitted by several contractors, should be from \$105,000 to \$110,000, including furnishings and equipment.

The hospital was unfortunate in losing by fire the recreation pavilion for men, the gift of Mrs. James in memory of Mr. L. D. James, a former member of our Board. This building was of immeasurable benefit to the patients who used it in large numbers every day. It was the only place where the men could go for their daily smoke. Its loss is seriously felt. Because of its great benefit to the hospital and as an expression of gratitude to the donor, we ask for an appropriation to rebuild it. Its destruction came after the date for submitting estimates to the Departments had passed, consequently no estimates of the cost of rebuilding have been made, but we think it can be replaced for about \$7,500.

A house and barn with a small lot of land have been offered for sale. The hospital owns the land on all sides of it and also the houses adjacent. It would be especially desirable for the hospital to own it, both to increase our accommodations for married employees and to prevent its passing into the hands of some owner other than the hospital. We recommend an appropriation of \$5,000 with which to purchase it and put it in repair.

There are several matters that, if not of immediate urgency, may become so soon, and we now call them to the attention of the supervising departments for future consideration.

The building now used for our fire-fighting apparatus and for some of our automotive vehicles is not large enough, nor of proper construction, and is of unsatisfactory design, being adapted to its present use from an old wagon house and cart shed. We are adding more trucks and extension fire ladders to our equipment and need more space, better-placed openings, and facilities for drying the hose after fire drills. The building

is of wood. A new one should be of brick with cement floors and partitions and with much larger floor space.

We have insufficient room for housing our employees. Quite extensive additions to our living accommodations will soon be required.

Institutions that are isolated or not near one of the larger cities where employees may find things "going on" during their hours off duty have found that a common meeting place on the institution grounds is instrumental in making for the comfort of employees, and so contributes to longer periods of service. At some time, sooner or later, this matter will force itself upon our consideration. The club house that was destroyed partly answered such a purpose at our institution in that it afforded a place where the men could meet when off duty, but there is no such place for the women, and, what is of more importance, there is no place here where the men and women may meet each other.

Our stable for driving horses will soon not be needed for that purpose, if, indeed, the time has not already come when it had better be converted to other uses. Horses are being replaced largely by automobiles, and the two or three which are now kept in the building in question can be cared for at one of the other farm buildings.

The question then arises whether the three matters last mentioned cannot be considered together. We require more room for employees; a community house is desired; before long the stable will require conversion to other uses. Why not make a community house of the ground floor of the stable and convert the second floor into living apartments for employees?

HARRY L. HOWARD.
JOSEPH W. STEVENS.
EMILY NEWTON.
CAROLINE A. YALE.
LUKE CORCORAN, M.D.
CHARLES W. KING.
EDWARD C. GERE.

SUPERINTENDENT'S REPORT.

To the Trustees of the Northampton State Hospital.

The superintendent's report of the operations of the hospital for the statistical year ending Sept. 30, 1922, and the fiscal year ending Nov. 30, 1922, is respectfully submitted for your consideration.

On Oct. 1, 1921, there were 1,181 patients under our care, of whom 987 were in the hospital, 10 in family care and 184 on visit or escape.

The admissions for the year numbered 454, and the dismissals 346, leaving 1,289 on our books at the end of the year. Of those remaining, 1,060 were in the hospital or in family care, the others being away from the hospital "on visit."

The total number under care and observation during the year was 1,635, which was larger by 46 than the number last year.

The daily average number in the hospital during the year was 1,040, an increase of 38 over the daily average number of last year.

Of the admissions, 350 had never been committed to another hospital for the insane (they are the "first admissions" in the statistical tables accompanying this report); 170 were committed under the ten days' temporary care provision; and 39 were committed for thirty-five days' observation.

A large proportion of the first admissions, nearly two-thirds, were of foreign parentage and 42 per cent were of foreign birth, their places of nativity being as follows: 35 were born in Ireland, 21 in Canada, 16 in Poland, 13 in Italy, 12 in England, 11 in Russia, 8 in Germany, 7 in Austria, 6 in Greece, 4 in Sweden, 3 in Scotland, 2 in France, 2 in Switzerland, and 1 each in Asia Minor, Belgium, Bohemia, China, Lithuania, Syria and Turkey.

Many aged persons were admitted, 38 being over seventy and 13 of these over eighty years of age. The youngest patient admitted was fourteen years of age, an imbecile, and the oldest

was eighty-nine. The average age of the first admissions was forty years, and this figure would be several years larger if all admissions were considered.

The predominating psychoses of patients admitted were as follows: dementia præcox, 139; manic-depressive, 73; senile and cerebro-arteriosclerotic psychoses, 53; general paresis and cerebral syphilis, 22.

There has been a marked increase in the number of alcoholic psychoses among the first admissions this year over the figures for the past few years. The percentages of these among the admissions of the past six years have been as follows:—

	Per Cent
1917	19.9
1918	9.5
1919	7.7
1920	6.9
1921	5.6
1922	10.0

From 1918 to and including 1921 there was a steady decrease in the number of such cases admitted, but during the past year they numbered almost twice as many as in 1921. This increase, so far as we can judge, is due to laxity in enforcement of the Federal laws, thus enabling those who wished for alcoholic drinks to obtain them easily.

With increasing experience in the diagnosis and treatment of pellagra it has become more easily recognizable than formerly. There has been no time in recent years when there were not several cases in the hospital. This year two cases were among the admissions.

The number of cases dismissed was 346; of these, 197 were discharged, 24 were transferred to other hospitals, and 125 died.

The discharged cases were classified as follows: 62 recovered, 81 improved, 34 unimproved, and 20 as not having a clearly marked psychosis, these latter including cases of mental deficiency without psychosis, psychopathic personality without psychosis and cases admitted under the thirty-five days' observation act.

Of those who died, the principal causes of death were cerebral hemorrhage in 32, general paresis in 16, chronic nephritis in 12,

lobar pneumonia in 8, pulmonary tuberculosis in 4, carcinoma of stomach in 3, carcinoma of uterus in 3, cerebral thrombosis in 3, pellagra in 2. Sixty-seven of them were over sixty years of age, 16 being over eighty. Twenty-five had been here less than a month, having some serious physical illness on admission in addition to their psychosis. One had been a resident of the hospital for thirty-three years and 1 for a period of forty-three years.

Routine medical attention has been given to all, and special attention to the newly admitted patients, such as physical examinations, vaccinations, urinalyses, blood and spinal fluid examinations, care of teeth and the like.

In all cases, 207 in number, who had a history of syphilis or whose cases seemed in any way doubtful, a Wassermann reaction was done on the blood, and in all suspected cases on the spinal fluid, with the result that the blood was found positive in 21 cases and the spinal fluid positive in 15 cases. Treatment was given to all of these except those who seemed quite beyond the hope of benefit. The number of patients given intensive treatment was 13, to whom were given 348 treatments. It is not possible to speak hopefully of results, as only one of the cases treated seemed to derive any appreciable benefit therefrom, and his was not a syphilitic psychosis but a psychosis, probably alcoholic, in a patient who had syphilis. In the light of our present experience it seems fair to believe that in the majority of syphilitic psychoses the brain and other nervous tissues have been damaged beyond repair by the time the patient's condition is recognized and commitment instituted, and that for the present not much more can be hoped for than the arrest of the disease process if even that may be expected.

The teeth of all patients admitted were inspected and treated by the dentist as soon as possible after admission. A brief report of the dentist's operations is as follows: 704 teeth were extracted, nearly 1,400 fillings of various sorts were made, besides much work on plates, bridges and the like.

The training school for nurses has carried on in a routine way with a reduced number of pupil nurses. The entering class numbered 6.

Reports from the affiliating school at Tewksbury are very

commendatory of our nurses who have gone there for their twelve months' affiliation, and the pupils who have gone there have spoken, in turn, in highly complimentary terms of the advantages offered and of their reception as members of the school.

This present year we have begun a systematic course of instruction to the attendants, to be completed within the year and to include rules and regulations, care of the ward, of hospital property and of patients' clothing, ethics, elementary nursing, types of insanity and general care of mental cases, accidents and emergencies, care and serving of food, hygiene and sanitation, hydrotherapy and occupational therapy.

This course is not intended in any sense to compete with the training course for the nurses, nor to offer a substitute for it, but is given in the hope of raising the standard of care of the patient and to instill in the attendant the general principles of nursing, especially of the insane. All in the ward service who are not taking the full course of training are expected to attend this course for attendants.

Despite frequent advertising and repeated applications to the employment bureaus, we have been unable to fill our quota of nurses and attendants. The quota of women nurses allowed us last year was 58, but the average number on the pay roll during the year was only 31. We have been fortunate in having patients comfortable and quite trustworthy, to help in the care of the wards and of other patients. Nine of them are now acting very acceptably as nurses and to their own pleasure and benefit, and four have done so well that they have been put on our pay roll.

Classes in sociology came from the neighboring colleges as in previous years for talks on the care and treatment of our patients and for an inspection of the various activities of the institution.

Several talks on subjects related to our specialty were given by the superintendent to welfare clubs in communities in our neighborhood.

For the fourth season, a class from the Smith College School for Social Work came two afternoons each week during August for a course of lectures and clinical demonstrations in psychiatry.

Perhaps the most noteworthy fact to be had from the figures

representing the movement of population is the steady increase in the number of patients to be cared for. Despite the large number (1,331) transferred to other institutions to relieve our overcrowding during the past fifteen years, the number remaining each year has far exceeded our capacity.

The Department of Mental Diseases estimates our capacity at about 820, which is considerably larger than our estimate. The numbers we have been requested to maintain during each of the past five years have been, consecutively, as follows: 980, 990, 1,000, 1,010, 1,025, and for the coming year we are asked to make estimates for the maintenance of 1,060 patients. As a result of this constantly increasing growth in numbers, we have been seriously handicapped in the care of our patients. We cannot transfer our most troublesome patients, consequently a larger proportion of those who remain are of the disturbed class. The wards where easily distracted patients are cared for should accommodate only a very limited number of patients, but now our wards are occupied by anywhere from 40 to 60 patients, and many of these are obliged to sleep in corridors and day spaces. Naturally and inevitably they have an unfavorable influence on each other.

Fortunately, we have had no epidemic nor many serious cases of illness during the year, yet the year has been an unusually busy one for our medical staff. We have broadened the field of our activities, as noted in our report of last year and as appears later in this report. This work, additional to the routine of caring for the large number of new admissions, which alone is sufficient to keep busy a full staff of physicians, has devolved upon a staff practically half the quota our number of patients calls for.

The medical work in one of our State hospitals is not to be measured so much by the total number of patients maintained as by the number of admissions and discharges. The patients who make up the permanent portion of our population require comparatively little medical attention beyond the supervision of their daily activities, their recreation and employment and the occasional recording of their status. It is the newly admitted patient who requires the special attention of physician, nurse and recording clerk. The physical and mental examinations, continuous observation and study, repeated dictations of

case histories, frequent interviews with relatives, the steady stream of correspondence concerning them, in addition to the thousand and one routine matters in the general work of the day, not to ignore the night calls, make up a course of duties that easily fills a sixteen-hour day.

With 225 new patients and as many old ones assigned to each of our assistant physicians, it is due them to say that they "have been on their job" every day of the year. We need more physicians but cannot find them. None are tempted to apply for the salary and accommodations offered.

Reference to the report of our social service and out-patient work will show that our assistant who has that special line of duties has likewise been busy.

The above observations are equally pertinent to our clerical staff which is swamped with the paper work made necessary by so many changes in our daily population. The steady flow of notices, tabulations, reports, record writing and correspondence fills all their time, and there is a seemingly endless increase in the multiplicity of reports requested, both State and Federal. The farm accounting alone has grown to such proportions as to require practically the full time of one clerk.

The out-patient and social service department has been more active than ever before. When it was organized, eleven years ago, one officer devoted only part time to the service. The work has increased and its scope has widened to such a degree that three persons are now required on full-time service, — a physician, a social worker and an assistant psychologist.

The work naturally falls into three divisions, — first, the clinics: to these come persons of their own initiative for advice, and others referred by physicians, courts and social agencies, for examinations; second, social work: this includes the supervision of patients on visit and in family care, the investigation of the previous history, home conditions and environment of patients recently admitted to the hospital, the care incident to preservation of their property and other interests, and also the welfare of the family at home; and third, the school clinic work: the examination of retarded school children.

The activities of the department are widespread and varied, requiring more time than needed by hospitals in more closely

populated districts because of the long distances to be traveled and the isolated districts to be visited.

The increasing request for our services is proof of the usefulness of this department and of its appreciation by the public.

Clinics have been held one day each week, in turn, at the House of Mercy in Pittsfield, at the Franklin County Hospital in Greenfield, and at the rooms of the boards of health in Springfield and North Adams. Consultations at our own hospital may be held on any day by appointment, and are of almost daily occurrence.

A total of 1,018 persons were seen at these clinics. Of these, 471 were patients away from the hospital on visit who came to report or for advice. Conferences are frequent with the family physician and the employer in these cases in order that they may be made fully acquainted with the patients' peculiarities. In this way supervision is kept over the physical and mental health of the patient, his occupation and manner of living. To these clinics also came relatives of 396 patients still resident at the hospital, to inquire about their condition and to send messages to them. Opportunity is thus afforded to prepare the family for an early return of the patient to his home through the suggestion of certain adjustments in his habits of living, of his surroundings and of carefully supervised employment. This service is much appreciated by the relatives, many of whom cannot afford the long journey to the hospital. Confidence in the hospital and a cordial feeling in the community toward its officers have been engendered, and the readjustment of the patient to life in the community is thereby made more easy.

One hundred and fifty-one persons came to the clinics because of mental or nervous symptoms, being referred by physicians, courts, relatives and charitable organizations, and, in some instances, by other patients who had been helped by us. In some of these cases treatment was outlined to be carried out by their own physician, while others were kept under our supervision by reporting regularly at the clinics.

In the school clinics were examined 734 retarded pupils some of whom were referred by superintendents of schools, and others were brought to the clinic by school nurses, social workers, State visitors and charitable organizations, making a total of

nearly 800 who were examined. Of these, 266 were found to be definitely feeble-minded and 149 to be retarded, — border-line cases. Quite a large number of the retarded pupils were not intellectually deficient, having fallen behind their school work from various causes, as defective sight or hearing, or from inability to attend school because of illness, or because of language difficulty in children of foreign birth.

The provisions of law requiring psychiatric examination of persons indicted for capital offences and those known to have been convicted previously of a felony have added to our labors to an appreciable degree, the superintendent and assistant superintendent having seen about a dozen cases, each case requiring, in travel and examination, a half day's time.

An extension of our extramural work has been undertaken that is worthy of recording here, — namely, the examination of defective delinquents at the juvenile court in Springfield. At the request of Judge Heady, one of our assistants has been devoting each Friday to the examination of delinquents brought before his court. Judge Heady has very kindly expressed his appreciation of this work in a letter to me from which I may quote, as follows: —

My probation officers and I have been for a long time deeply appreciative of the effective co-operation which we have received from you, and through you from some of your excellent staff of assistants, in the administration of the problem cases that continually arise in the great volume of cases that pass through our court.

During the latter part of the year 1922, the responsibility came to the court of administering the highly important law with reference to defective delinquents. With Dr. Edward Whitney, you have assisted the court in each case that has arisen under that procedure. No other assistance could have been so satisfactory to the court, under the double responsibility to prisoner and to community, entailed by that statute.

Most important of all has been your assistance in establishing the long-desired psychiatric clinic in connection with my juvenile court. Last summer Dr. Victor Anderson, long in psychiatric service with the Boston court, addressed a meeting, attended by doctors and social workers, in my juvenile court room, with reference to a psychiatric clinic in Springfield, especially in connection with the juvenile court.

When I appealed to you, you willingly provided the services of Dr. Harriet Whitney, who holds a psychiatric clinic at my court each Friday, the juvenile court day. Her work is of immeasurable value to the court and to the community.

By such a spirit of co-operation on your part, your hospital does a very great service to the district in which it is situated.

Work and play, of inestimable value in the treatment of mental cases, have been used liberally. Patients who are physically strong have been employed in every department of the institution and in all of our activities. To enumerate all of the latter would be to duplicate what has been written in previous reports.

For the convalescents and those needing distraction or encouragement, the occupational room has furnished various employments under trained workers, — basketry, needlework, rug making, weaving, painting, pottery and the like. In the industrial rooms are made articles of clothing, underwear and outside dresses, shirts and overalls, mattresses and tinware; furniture is repaired, chairs are cane-seated and boots and shoes are mended.

Seasonable sports have been held indoors and out of doors throughout the year. Each holiday has had its special festivities: Washington's birthday, a masquerade ball; St. Patrick's day, a fancy dress ball; Fourth of July, sports, contests and a parade; Hallowe'en, a party of games appropriate to the evening; Thanksgiving, a special dinner with a dance in the evening; Christmas, a turkey dinner and in the evening a concert and distribution of gifts from an illuminated tree. During Christmas week there was a full program, as follows: Sunday, religious services forenoon and afternoon; Monday, Christmas dinner and moving pictures in the evening; Tuesday afternoon, a Christmas party with games and "eats;" Wednesday evening, employees' dance; Thursday evening, patients' dance; Saturday evening, concert and reading.

There were during the year 199 assemblies of patients. In addition to those already mentioned were the following: Mass every Lord's day morning, and special Masses at Easter, Christmas and New Year's; religious services for Protestants every Lord's day; moving pictures 53 evenings; dances 26 evenings; a play by students from the Northampton High School, "Her Husband's Wife;" a minstrel show by members of the Northampton Methodist Church; and five concerts by Springfield musicians, one of them by 40 members. Credit is due to Mr. Burton Noble, who provided for these concerts and also made arrangements for frequent religious services by clergymen and singers from Springfield who generously gave their time and services.

The season was an unfavorable one for many of the farm crops. Though the total yield was about the same as last year, less in some crops, greater in others, it was, as a whole, below our expectations.

About 400 more bushels of potatoes than last year were raised, but even this was below our needs and less than the average crop of past years, though a greater acreage was planted. Fewer tons of hay were raised, but a greater yield of corn and of ensilage was had, and the amount of milk produced was larger than the year before though less than our needs. The present production of milk, however, leads to a reasonable expectation that enough will be produced soon to supply our full requirements, the average yield being about 9,000 pounds per cow. One cow had the splendid record of 22,000 pounds for the year, 730 pounds for one week and 111 pounds for one day. She has been admitted to the advanced registry class.

A new silo of 75 tons' capacity was erected to replace two old ones disused.

Extensive work has been done in the way of renewals of equipment and new installations, the principal items of which are recorded here for future reference.

The old line of 4-inch water pipe that was the main source of supply to the institution for domestic uses was replaced by larger pipe; 425 feet of 8-inch pipe, 320 feet of 6-inch pipe and 136 feet of 4-inch pipe were laid, and an additional 6-inch meter was installed. A connection for possible emergencies was made with the 12-inch water main that supplies the fire pumps. This replacement supplies the system for distribution, and increases the pressure on the passenger and food elevators.

A new standpipe for fire protection was erected in the stairway of the third halls, north.

A tunnel of concrete, 4 feet wide by 6 feet high for a distance of 165 feet, and 5½ feet high for a distance of 135 feet, inside measurements, was put in from the heater room just off the boiler room, extending under the foundations and basement floor of the storehouse to the end of the third halls, north, a distance of 300 feet. Through this tunnel were laid a 6-inch steam main, 3-inch steam return lines, water pipes and electric cables to afford a more direct supply to the third halls and Infirmary building.

A small tunnel of concrete, 3 feet by 3 feet inside measurements, was built from the third halls, south, to the fan room of the South Infirmary building, and through this were laid the electric cables and the steam pipes that supply the infirmary for women.

A steam pipe line was laid in a small concrete box from the south end of the home for female nurses, a distance of 446 feet, to the house at the gate occupied by the chief engineer and several married employees.

New electric lighting cables were laid from the engine room through the corridor between the kitchen and bakery to the basement of the administration building to take the place of the original wires laid underground across the back yard thirty years ago.

One of the most important and useful pieces of construction was a new service road several rods to the west of the old road leading from the entrance gate to the rear of the institution buildings. This is wider than the old one which was too narrow for the increased traffic of recent years, and being constructed on a stone foundation will be free from mud and passable on a rainy day.

The following new pieces of apparatus were installed: a feed pump for the boilers, a motor-driven pump for the circulation of hot water, and a brine circulating pump in the cold-storage apparatus room; a shaper in the machine shop; a garment press in the laundry, and a heat-controlling device in Greenhouse No. 2.

A bay window was constructed, enlarging the dining room for officers on the third floor of the administration building.

An air compressor and a portable tar kettle were purchased. These have already proven to be excellent investments in work done on the tunnels and excavation for pipe laying.

Window guards were purchased and placed on the nurses' homes.

Weather strips were placed in the windows of the administration building and of the dormitories for employees.

The tractor was exchanged for one of greater power.

Destruction by fire of our club house for men entailed a serious loss that is being sensed more and more since the patients were deprived of its various uses. Fire was discovered in the early morning hours on Nov. 10, 1922. At that time

the wing containing the bowling alley was not destroyed, but five days later, in the evening, a second fire completed its destruction. It has not been possible to learn the cause of either fire, but there had been no fire in the house on the day of the first one, it is learned, and at that time the wing was thoroughly wet down by streams of water from our hydrants and later by a rainfall. It was thoroughly inspected and examined repeatedly between the dates of the two fires. Many persons believe that they were of incendiary origin.

The club house was erected in 1907 by Mrs. L. D. James in memory of Mr. James, who for a period of twenty-four years was an active trustee of the hospital, deeply interested in its management and welfare, and especially friendly to the patients.

There were rooms for smoking, reading, billiard playing and bowling, and for fifteen years it was in continual use afternoon and evening, by both patients and attendants. It was a most useful adjunct to our hospital, probably contributing more to the enjoyment and contentment of our patients than any one other feature of our equipment.

It was not insured because of the policy of the State not to insure its buildings.

Because of its great usefulness and immeasurable benefit to the patients, and, furthermore, because it was a gift to the hospital which should be perpetuated, it is earnestly hoped that the Legislature will grant an appropriation to rebuild it.

The number of patients maintained by our hospital is steadily increasing despite the many who have been removed to hospitals in the eastern districts in order to make room for our new admissions, and the district served by us is sending us more than we can accommodate. There are at present more than 700 patients in other hospitals who went from here, making with those who are here a total of 1,750 in State institutions whose homes are in our part of the State. Twelve years ago we were told that as soon as the metropolitan district should be taken care of, in a year or two, provision would be made for the care of the insane of the four western counties, but provision at the other end of the State seems never to have caught up with their increasing admissions. If accommodations were provided for the care somewhere in our district of all patients whose homes are here, the rooms vacated in the eastern hospitals would be

available at once for an equal number of patients from their own districts.

Whether all the patients from the four western counties should be cared for at our hospital or under our supervision or in a separate institution under its own management is a matter to be considered seriously and determined by the Department of Mental Diseases. It is quite feasible, with our present heating, lighting, cooking and laundry facilities, to add two more buildings as dormitories, one to the end of the third hall section, north and south, respectively. We had plans made several years ago for such a building for female patients. I recommend your requesting of the Legislature an appropriation for the purpose of erecting at least one building this coming year.

If the hospital is to be enlarged as seems unavoidable, a larger quota of officers and employees will be needed and provision will have to be made for additional living accommodations and also for office room. Our accommodations are inadequate to house properly the employees here at the present time, and we should be seriously embarrassed if the quota of employees allowed us were filled.

Not infrequently an applicant for a position on our staff of subordinate officers refuses to accept it on learning what accommodations we can offer, and occasionally one leaves because of dissatisfaction with the living quarters allowed. Officers worth keeping in the service should be made comfortable in respect to their maintenance.

As for office room, four of our administrative force have to work in an office scarcely large enough for two; two get along in a room not large enough for one; two have desks in the dispensary, and the social worker and assistant psychologist do their work in the office of the assistant physicians. Not one can do his best under these conditions.

Adequate accommodations can be procured either by the erection of a separate office building, which does not seem to be very feasible, or by an addition to the present administration building. The latter proposition would provide both office room and additional living quarters for the subordinate officers.

Our experience has shown that married employees who can live with their families in a cottage near the institution remain longer in our service and with a greater measure of contentment.

We have nine cottages for employees. At three of these, accommodations for three more married couples can be made available at small expense.

A cottage surrounded on all sides by land belonging to the institution has been offered for sale. It is desirable that the hospital acquire this, both to increase our housing facilities for employees and to prevent its going into the possession of others.

We are grateful to many friends of the hospital for books, magazines and various gifts, especially at Christmas time. Several gave us money with which to purchase gifts for patients who had no relatives. Mrs. W. T. Parker, Mr. N. Lyman Elmer, Mr. John D. Foley, Mr. John Clancy and Mrs. L. Vernon Briggs made generous contributions of money. Mr. Peter Trebla sent a large contribution of candy and figs, and Tait Brothers again sent us enough ice cream to serve each patient here.

On Dec. 1, 1921, Dr. Orland R. Blair entered our service as junior assistant physician; on June 30, 1922, Miss Lucia Pratt began her duties as social worker, and on Sept. 11, 1922, Miss Miriam Carpenter returned as assistant psychologist to help in the examination of the retarded school children of our district.

Respectfully submitted,

JOHN A. HOUSTON,
Superintendent.

VALUATION.

Nov. 30, 1922.

REAL ESTATE.

Land (513 acres)	\$127,553 75
Buildings	903,822 77
	<hr/>
	\$1,031,376 52

PERSONAL PROPERTY.

Travel, transportation and office supplies	\$6,158 50
Food	14,883 48
Clothing and materials	18,404 51
Furnishings and household supplies	100,393 76
Medical and general care	1,790 82
Heat, light and power	7,703 65
Farm	47,760 70
Stable and garage	4,997 70
Repairs	24,283 64
	<hr/>
	\$226,376 76

SUMMARY.

Real estate	\$1,031,376 52
Personal property	226,376 76
	<hr/>
	\$1,257,753 28

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1922:—

CASH ACCOUNT.

Balance Dec. 1, 1921	\$9,630 89
--------------------------------	------------

Receipts.

Income.

Board of inmates:

Private	\$48,476 39	
Reimbursements, insane	33,763 47	
		\$82,239 86

Personal services:

Reimbursement from Board of Retirement		53 53
--	--	-------

Sales:

Food	\$718 32	
Clothing and materials	68 82	
Furnishings and household supplies	35 30	
Farm:		
Cows and calves	\$85 50	
Hides	104 44	
Empty bags	35 01	
		224 95
Repairs, ordinary	1 87	
Arts and crafts sales	473 93	
		1,523 19

Miscellaneous:

Interest on bank balances	\$555 68	
Rent	833 00	
Interest on patients' funds	141 47	
Sundries	8 93	
		1,539 08

85,355 66

Receipts from Treasury of Commonwealth:

Maintenance appropriations:

Balance of 1921	\$12,769 87	
Advance money (amount on hand November 30)	29,000 00	
Approved schedules of 1922	290,284 31	
		332,054 18

Special appropriations:

Total	\$427,040 73
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Payments.

To treasury of Commonwealth:

Institution income	\$85,355 66	
Refunds account of maintenance	8 93	
	<hr/>	\$85,364 59

Maintenance appropriations:

Balance of schedules of previous year	\$22,400 76	
Approved schedules of 1922	\$290,284 31	
Less returned	8 93	
	<hr/>	290,275 38
November advances	18,152 13	
	<hr/>	330,828 27

Balance, Nov. 30, 1922:

In bank	\$10,452 53	
In office	395 34	
	<hr/>	10,847 87
Total		<hr/> \$427,040 73

MAINTENANCE.

Balance from previous year, brought forward	\$789 49	
Appropriation, current year	333,050 00	
	<hr/>	
Total	\$333,839 49	
Expenses (as analyzed below)	324,789 37	
	<hr/>	
Balance reverting to treasury of Commonwealth	\$9,050 12	

Analysis of Expenses.

Personal services	\$139,824 35	
Religious instruction	1,220 00	
Travel, transportation and office expenses	5,818 39	
Food	61,789 63	
Clothing and materials	9,155 69	
Furnishings and household supplies	26,378 95	
Medical and general care	9,886 99	
Heat, light and power	25,129 68	
Farm	17,012 03	
Garage, stable and grounds	3,199 93	
Repairs, ordinary	11,932 26	
Repairs and renewals	13,441 47	
	<hr/>	
Total expenses for maintenance	\$324,789 37	

RESOURCES AND LIABILITIES.

Resources.

Cash on hand	\$10,847 87	
November cash vouchers (paid from advance money), account of maintenance	18,152 13	
	<hr/>	29,000 00
Due from treasury of Commonwealth from available appropriation account November, 1922, schedule	5,513 99	
	<hr/>	\$34,513 99

Liabilities.

Outstanding schedules of current year:

Schedule of November bills \$34,513 99

PER CAPITA.

During the year the average number of inmates has been 1,040.42.

Total cost for maintenance, \$423,789.37.

Equal to a weekly per capita cost of \$6.0033.

Receipt from sales, \$1,523.19.

Equal to a weekly per capita of \$0.0282.

All other institution receipts, \$83,832.47.

Equal to a weekly per capita of \$1.5495.

Net weekly per capita cost of \$4.4256.

Respectfully submitted,

EVA L. GRAVES,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,

Auditor.

STATISTICAL TABLES

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Aug. 16, 1858.	
2. Type of institution: State.	
3. Hospital plant:	
Real estate, including buildings and betterments	\$1,031,376 52
Personal property	226,376 76
	<hr/>
Total	\$1,257,753 28

Total acreage of hospital property, 513½.

Acreage under cultivation during year, 145.

4. Medical service:	Men.	Women.	Totals.
Superintendents	1	—	1
Assistant physicians	2	2	4
Dentist	1	—	1
Medical internes	—	—	—
Clinical assistants	—	—	—
	<hr/>	<hr/>	<hr/>
Total	4	2	6

5. Employees:	Males.	Females.	Totals.
Graduate nurses	—	7	7
Other nurses and attendants	39	19	58
Social workers	—	1	1
All other employees	44	30	74
	<hr/>	<hr/>	<hr/>
Total	83	57	140

6. Percentage of patients employed during	Men.	Women.	Totals.
year	69.25	64.60	66.93

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — *Movement of Patient Population for the Year ending Sept. 30, 1922* — Concluded.

	INSANE.			OTHER CLASSES.				TOTAL ON BOOKS.				
	Males.	Females.	Totals.	SANE, VOLUN- TARY.		TEMPORARY CARE AND OBSERVATION, NOT COMMITTED.		Males.	Females.	Totals.		
				Males.	Females.	Totals.	Males.				Females.	Totals.
<i>Supplementary Data — Con.</i>												
8. Number of voluntary patients admitted within the year . . .	6	4	10					6	6	12		
9. Number of temporary-care cases admitted within the year . . .	72	101	173					90	119	209		
10. Number of patients actually remaining in institution Sept. 30, 1922 . . .	522	528	1,050					523	528	1,051		
State . . .	493	429	922					493	429	922		
Reimbursing . . .												
Private . . .	29	99	128					30	99	129		
11. Number of patients in family care Sept. 30, 1922 . . .		9	9						9	9		
State . . .		7	7						7	7		
Private . . .		2	2						2	2		
Self-supporting . . .												
Number of different persons within the year . . .	759	832	1,591					778	854	1,632		
12. Number of different persons admitted from the community . . .	190	227	417					208	247	455		
13. Number of different persons dismissed, exclusive of transfers . . .	139	144	283					156	166	322		
14. Number of different persons dismissed, exclusive of transfers . . .												
15. Number of non-insane patients or inmates in institution at end of institution year . . .								Males.	Females.	Totals.		
(h) Persons given advice or treatment in out-patient department during year . . .								436	527	963		

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States	99	102	201	55	58	113	67	69	136
Australia	1	-	1	-	-	-	-	-	-
Austria	7	-	7	7	7	14	-	1	1
Belgium	1	-	1	1	1	2	-	-	-
Bohemia	1	-	1	2	2	4	-	-	-
Canada	5	16	21	14	13	27	20	23	43
China	1	-	1	1	1	2	-	-	-
Czecho-Slovakia	1	-	1	1	1	2	-	-	-
England	6	6	12	9	9	18	9	5	14
Finland	-	-	-	-	-	-	1	1	2
France	1	1	2	1	1	2	1	1	2
Germany	3	5	8	10	9	19	10	8	18
Greece	4	2	6	4	4	8	2	2	4
Hungary	1	1	2	1	1	2	1	1	2
Ireland	14	21	35	33	35	68	39	39	78
Italy	5	8	13	6	6	12	9	9	18
Poland	10	6	16	10	10	20	6	6	12
Russia	4	7	11	5	5	10	7	7	14
Scotland	1	2	3	1	-	1	4	2	6
Sweden	1	3	4	1	1	2	3	3	6
Switzerland	1	1	2	1	1	2	1	2	3
Turkey in Asia	1	-	1	1	1	2	-	-	-
Wales	-	-	-	-	-	-	1	1	2
Total foreign born	69	79	148	109	108	217	114	111	225
Unascertained	-	-	-	4	2	6	-	1	1
Grand total	168	181	349	168	168	336	181	181	362

TABLE 5. — *Citizenship of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth	99	102	201
Citizens by naturalization	31	42	73
Aliens	38	36	74
Citizenship unascertained	-	1	1
Total	168	181	349

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	-	-	-	-	-	-
2. Senile, total	10	15	25			
(a) Simple deterioration	7	4	11			
(b) Presbyophrenic type	1	2	3			
(c) Delirious and confused states	1	1	2			
(d) Depressed and agitated states	1	4	5			
(e) Paranoid types	-	4	4			
3. With cerebral arteriosclerosis	14	10	24			
4. General paralysis	11	4	15			
5. With cerebral syphilis	2	4	6			
6. With Huntington's chorea	2	-	2			
7. With brain tumor	-	1	1			
8. With other brain and nervous diseases, total	-	4	4			
Brain abscess	-	1	1			
Encephalitis lethargica	-	1	1			
Tabes dorsalis	-	1	1			
Undiagnosed	-	1	1			
9. Alcoholic, total	32	3	35			
(c) Korsakow's psychosis	4	1	5			
(d) Acute hallucinosis	16	2	18			
(e) Chronic hallucinosis	5	-	5			
(f) Acute paranoid type	1	-	1			
(g) Chronic paranoid type	6	-	6			
10. Due to drugs and other exogenous toxins, total	1	2	3			
(1) With cocaine and heroin	1	-	1			
(2) With bromides, hyosine and luminol	-	2	2			
11. With pellagra	-	-	-	2	2	2
12. With other somatic diseases, total	3	17	20			
(a) Delirium with influenza	-	3	3			
(b) Post-influenzal psychosis	-	1	1			
(c) Exhaustion delirium	-	2	2			
(d) Delirium of unknown origin	-	3	3			
(e) Cardioresenal diseases	3	4	7			
(f) (1) Thyroid and ovarian deficiency	-	2	2			
(2) Ovarian and pituitary deficiency	-	1	1			
(3) Exophthalmic goiter	-	1	1			
13. Manic-depressive, total	16	33	49			
(a) Manic type	5	8	13			
(b) Depressed type	8	13	21			
(c) Stuporous type	-	2	2			
(d) Mixed type	1	6	7			
(e) Circular type	2	4	6			
14. Involution melancholia	3	5	8			
15. Dementia præcox, total	51	63	114			
(a) Paranoid type	9	30	39			
(b) Catatonic type	22	19	41			
(c) Hebephrenic type	17	9	26			
(d) Simple	3	5	8			
16. Paranoia and paranoic conditions	-	-	-			
17. Epileptic, total	-	1	1			
(a) Epileptic deterioration	-	1	1			
18. Psychoneuroses and neuroses, total	1	5	6			
(a) Hysterical type	-	2	2			
(b) Psychasthenic type	1	2	3			
(c) Neurasthenic type	-	1	1			
19. With psychopathic personality	2	-	2			
20. With mental deficiency	9	3	12			
21. Undiagnosed	4	7	11			
22. Without psychosis, total	7	2	9			
(d) Psychopathic personality without psychosis	1	1	2			
(e) Mental deficiency without psychosis	4	1	5			
(f) Old age without psychosis	1	-	1			
(g) No mental abnormality	1	-	1			
Total	168	181	349			

TABLE 7. — *Race of First Admissions classified with Reference to Psychoses.*

RACE.	TOTAL.			PSYCHOSES.						WITH CEREBRAL SYPHILIS.			WITH HUNTINGTON'S CHOREA.			WITH BRAIN TUMOR.		
	Males.	Females.	Totals.	SENILE.			WITH CEREBRAL ARTERIO- SCLEROSIS.			GENERAL PARALYSIS.			Males.			Males.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
African	1	2	3	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Chinese	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Walloon	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	9	10	19	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
French	12	16	28	1	2	3	1	1	2	-	-	-	-	-	-	-	-	-
German	10	11	21	1	2	3	1	1	2	-	-	-	-	-	-	-	-	-
Greek	4	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	2	6	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish	35	39	74	2	3	5	5	3	8	6	6	12	1	1	2	-	-	-
Italian	6	9	15	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
Lithuanian	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Magyar	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scotch	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Slavonic	22	7	29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Welsh	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	56	69	125	6	5	11	7	5	12	3	4	7	1	3	4	-	-	-
Total	188	181	369	10	15	25	15	10	25	10	4	14	2	4	6	-	1	1

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			YEARS.												40-44.								
	UNDER 15.			15-19.			20-24.			25-29.			30-34.						35-39.					
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.				Males.	Females.	Totals.			
1. Traumatic	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	10	15	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	15	10	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	10	4	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	32	3	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	3	17	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	16	33	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	3	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia præcox	51	63	114	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoic conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	9	3	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed	4	7	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	7	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	168	181	349	—	—	—	8	4	12	13	14	27	12	15	27	23	21	44	19	20	39	17	23	40

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	10	15	25	1	2	3	4	4	8	4	9	13	1	1	2	1	1	2	1	1	2
2. Senile	15	10	25	—	—	—	6	5	11	9	5	14	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	10	4	14	—	—	—	1	2	3	7	3	10	2	1	3	—	—	—	—	—	—
4. General paralysis	2	4	6	—	—	—	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	1	1	—	—	—	—	1	1	2	—	2	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	4	4	—	—	—	—	2	2	10	3	13	3	—	3	1	—	—	—	—	—
8. With other brain or nervous diseases	32	3	35	4	—	4	14	2	16	1	2	3	—	—	—	—	—	—	—	—	—
9. Alcoholic	1	2	3	—	—	—	—	—	—	1	2	3	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	2	2	—	—	—	—	—	—	2	7	9	—	—	—	—	—	—	—	—	—
11. With pellagra	3	17	20	—	1	1	—	1	2	8	15	23	3	6	9	1	—	—	—	—	—
12. With other somatic diseases	16	33	49	—	3	3	4	9	13	8	15	23	8	3	11	1	—	—	—	—	—
13. Manic-depressive	3	35	38	—	—	—	—	—	—	25	38	63	11	9	20	1	1	2	—	—	—
14. Involution melancholia	51	63	114	5	6	11	9	9	18	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia precox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoic conditions	—	1	1	—	—	—	—	1	1	1	2	3	—	—	2	—	—	—	—	—	—
17. Epileptic	—	5	5	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
18. Psychoneuroses	2	3	5	1	—	1	2	1	3	3	2	5	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	9	12	21	4	1	5	—	—	—	3	6	9	—	—	—	—	—	—	—	—	—
20. With mental deficiency	4	7	11	1	1	2	1	1	2	2	6	8	1	—	1	—	—	—	—	—	—
21. Undiagnosed	7	2	9	—	1	1	2	—	2	2	1	3	3	—	3	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	168	181	349	16	14	30	44	39	83	81	101	182	24	25	49	3	2	5	—	—	—

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	-	-	-	-	-	-	-	-	-
2. Senile	10	15	25	5	10	15	5	5	10
3. With cerebral arteriosclerosis	15	10	25	5	6	11	10	4	14
4. General paralysis	10	4	14	8	3	11	2	1	3
5. With cerebral syphilis	2	4	6	2	2	4	-	2	2
6. With Huntington's chorea	2	-	2	1	-	1	1	-	1
7. With brain tumor	-	1	1	-	1	1	-	-	-
8. With other brain or nervous diseases .	-	4	4	-	4	4	-	-	-
9. Alcoholic	32	3	35	18	2	20	14	1	15
10. Due to drugs and other exogenous toxins	1	2	3	-	1	1	1	1	2
11. With pellagra	-	2	2	-	1	1	-	1	1
12. With other somatic diseases	3	17	20	3	10	13	-	7	7
13. Manic depressive	16	33	49	12	20	32	4	13	17
14. Involution melancholia	3	5	8	1	2	3	2	3	5
15. Dementia præcox	51	63	114	35	43	78	16	20	36
16. Paranoia and paranoid conditions . .	-	-	-	-	-	-	-	-	-
17. Epileptic	-	1	1	-	1	1	-	-	-
18. Psychoneuroses	1	5	6	-	4	4	1	1	2
19. With psychopathic personality . . .	2	-	2	2	-	2	-	-	-
20. With mental deficiency	9	3	12	6	2	8	3	1	4
21. Undiagnosed	4	7	11	2	4	6	2	3	5
22. Without psychosis	7	2	9	4	1	5	3	1	4
Total	168	181	349	104	117	221	64	64	128

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	10	15	25	—	—	—	10	11	21	—	—	—	—	—	—
3. With cerebral arteriosclerosis	15	10	25	1	—	1	12	8	20	—	—	—	—	—	—
4. General paralysis	10	4	14	—	—	—	8	3	11	2	2	4	—	—	—
5. With cerebral syphilis	2	4	6	—	2	2	2	2	4	2	1	3	—	—	—
6. With Huntington's chorea	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
7. With brain tumor	—	1	1	—	—	—	2	1	3	—	—	—	—	—	—
8. With other brain or nervous diseases	4	4	8	—	1	1	—	2	2	2	1	3	—	—	—
9. Alcoholic	32	3	35	—	—	—	30	3	33	2	—	2	—	—	—
10. Due to drugs and other exogenous toxins	1	2	3	—	—	—	1	1	2	—	—	—	—	—	—
11. With pellagra	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	3	17	20	—	—	—	—	11	13	—	—	7	—	—	—
13. Manic-depressive	16	33	49	—	—	—	12	28	40	4	6	10	—	—	—
14. Involution melancholia	3	5	8	—	—	—	3	4	7	1	1	2	—	—	—
15. Dementia precox	51	63	114	2	3	5	43	51	94	6	9	15	—	—	—
16. Paranoia and paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses	—	5	5	—	—	—	—	1	6	—	—	—	—	—	—
19. With psychopathic personality	2	2	4	—	—	—	2	2	4	—	—	—	—	—	—
20. With mental deficiency	9	3	12	—	1	1	8	2	10	—	—	—	—	—	—
21. Undiagnosed	4	7	11	1	1	2	2	5	7	1	1	2	—	—	—
22. Without psychosis	7	2	9	—	—	—	7	2	9	—	—	—	—	—	—
Total	168	181	349	4	12	16	145	141	286	19	28	47	—	—	—

TABLE 12. — *Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTERTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	10	15	25	1	14	15	3	1	4	2	1	3	1	1	2
2. Senile	16	10	25	8	9	17	4	1	5	2	2	4	1	1	2
3. Cerebral arteriosclerosis	10	4	14	1	2	3	6	1	7	3	1	4	1	1	2
4. General paralysis	2	4	6	2	2	4	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis	2	2	4	2	1	3	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	2	1	3	2	1	3	1	1	2	1	1	2	1	1	2
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases	1	4	5	1	3	4	1	1	2	1	1	2	1	1	2
9. Alcoholic	32	3	35	1	2	3	1	1	2	32	3	35	1	1	2
10. Due to drugs and other exogenous toxins	1	2	3	1	2	3	1	1	2	1	1	2	1	1	2
11. With pellagra	3	2	5	1	2	3	3	1	4	1	1	2	1	1	2
12. With other somatic diseases	16	17	33	7	14	21	3	3	6	1	1	2	1	1	2
13. Manic-depressive	3	33	36	26	29	55	20	4	24	4	2	6	1	2	3
14. Involution melancholia	51	63	114	26	56	82	20	3	23	4	2	6	1	2	3
15. Dementia præcox	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia and paranoid conditions	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic	1	5	6	1	5	6	1	1	2	1	1	2	1	1	2
18. Psychoneuroses	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality	9	3	12	4	3	7	4	2	6	1	1	2	1	1	2
20. With mental deficiency	7	7	14	4	4	8	2	2	4	1	1	2	1	1	2
21. Undiagnosed	7	2	9	4	2	6	2	2	4	1	1	2	1	1	2
22. Without psychosis	168	181	349	59	153	212	56	16	72	48	5	53	5	7	12
Total	168	181	349	59	153	212	56	16	72	48	5	53	5	7	12

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.		UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.
1. Traumatic	10	15	25	2	4	6	6	3	9	2	10	12	—	—	—	—	—	—	—	—
2. Senile	15	10	25	4	2	6	5	3	8	6	5	11	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	10	4	14	3	1	4	4	2	6	3	3	6	—	—	—	—	—	—	—	—
4. General paralysis	2	4	6	—	—	—	1	2	3	1	2	3	—	—	—	—	1	1	—	—
5. With cerebral syphilis	2	1	3	1	—	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	4	4	—	—	—	17	3	20	3	—	3	—	—	—	—	—	—	—	—
9. Alcoholic	32	3	35	12	—	12	1	1	2	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	1	2	3	—	—	—	3	7	10	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	2	2	—	1	1	1	1	2	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	3	17	20	—	7	7	3	7	10	—	—	3	—	—	—	—	—	—	—	—
13. Manic-depressive	16	33	49	3	9	12	12	23	35	1	2	3	—	—	—	—	—	—	—	—
14. Involution melancholia	3	5	8	—	1	1	1	3	4	2	1	3	1	1	2	1	1	1	1	1
15. Dementia precox	51	63	114	34	29	63	16	28	44	1	3	4	2	2	2	1	1	1	1	1
16. Paranoia and paranoid conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses	1	5	6	—	1	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	2	2	4	1	1	2	1	1	2	—	—	1	—	—	—	—	—	—	—	—
20. With mental deficiency	9	3	12	8	3	11	1	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed	4	7	11	2	2	4	2	3	5	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	7	2	9	5	2	7	1	—	—	1	—	1	—	—	—	—	—	—	—	—
Total	168	181	349	75	53	133	73	86	159	20	29	49	—	5	5	—	3	3	—	—

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	-	-	-	-	-	-
2. Senile, total	1	-	1	1	-	1
(c) Delirious and confused state	1	-	1	-	-	-
3. With cerebral arteriosclerosis	1	1	2	1	1	2
4. General paralysis	2	1	3	2	1	3
5. With cerebral syphilis	-	1	1	-	1	1
6. With Huntington's chorea	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-
9. Alcoholic, total	2	-	2	2	-	2
(d) Acute hallucinosis	2	-	2	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-
11. With pellagra	-	1	1	-	1	1
12. With other somatic diseases	-	-	-	-	-	-
13. Manic-depressive, total	4	10	14	6	18	24
(a) Manic type	2	4	6	-	-	-
(b) Depressed type	-	1	1	-	-	-
(c) Stuporous type	-	1	1	-	-	-
(d) Mixed type	-	2	2	-	-	-
(e) Circular type	-	-	-	-	-	-
14. Involution melancholia	-	-	-	-	1	1
15. Dementia præcox, total	2	9	11	7	18	25
(a) Paranoid type	1	4	5	-	-	-
(b) Catatonic type	4	3	7	-	-	-
(c) Hebephrenic type	-	2	2	-	-	-
(d) Simple	-	-	-	-	-	-
16. Paranoia and paranoic conditions	-	-	-	-	-	-
17. Epileptic	-	-	-	-	-	-
18. Psychoneuroses and neuroses, total	-	1	1	-	1	1
(c) Neurasthenic type	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-
20. With mental deficiency	1	2	3	1	2	3
21. Undiagnosed	-	1	1	-	1	1
22. Without psychosis, total	-	1	1	-	-	-
(e) Mental deficiency without psychosis	-	1	1	-	-	-
Total	20	45	65	20	45	65

TABLE 15.—Discharge of Patients classified with Reference to Principal Psychoses and Condition on Discharge.

Psychoses.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	2	4	6	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	15	1	16	8	—	8	5	1	6	2	—	2	—	—	—
10. Due to drugs and other exogenous toxins	—	2	2	—	2	2	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	8	8	—	7	7	—	1	1	—	—	—	—	—	—
13. Manic-depressive	21	26	47	17	20	37	3	4	7	1	2	3	1	1	2
14. Involution melancholia	1	4	5	—	3	3	—	1	2	—	—	—	—	—	—
15. Dementia precox	26	28	54	—	—	—	18	22	40	8	6	14	—	—	—
16. Paranoia and paranoic conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses	1	3	4	—	1	1	1	2	3	—	—	—	—	—	—
19. With psychopathic personality	2	3	5	—	—	—	2	3	5	—	—	—	—	—	—
20. With mental deficiency	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	2	3	5	—	—	—	—	—	—	—	—	—	2	3	5
Total	75	86	161	25	33	58	32	39	71	16	11	27	2	3	5

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses.*

CAUSE OF DEATH.	TOTAL.			PSYCHOSES.																				
	Males.	Females.	Totals.	SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH HUNTINGTON'S CHOREA.			ALCOHOLIC.			WITH PELLAGRA.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>General Diseases.</i>																								
Abscess of neck	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of intestines	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of stomach	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carcinoma of uterus	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholecystitis, acute	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epithelioma of nose	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas of face	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General septicæmia	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pellagra	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pernicious anæmia	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rheumatism, acute articular	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sudden death due to natural causes ¹	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, pulmonary	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Nervous System.</i>																								
Cerebral hemorrhage	21	11	32	8	2	10	10	5	15	—	—	1	—	—	—	—	—	—	2	—	2	—	—	—
Convulsions due to alcoholism	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
General paralysis of the insane	10	6	16	—	—	—	—	—	—	10	6	16	—	—	—	—	—	—	—	—	—	—	—	—
<i>Respiratory System.</i>																								
Broncho pneumonia	—	3	3	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lobar pneumonia	5	3	8	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

¹ From coroner's certificate.

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses — Continued.*

CAUSE OF DEATH.	TOTAL.			PSYCHOSES.												WITH PELLAGRA.								
	Males.	Females.	Totals.	SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.						WITH HUNTINGTON'S CHOREA.			ALCOHOLIC.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>Circulatory System.</i>																								
Cerebral embolus	2	2	4	1	-	1	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebral thrombosis	1	3	4	-	-	-	1	2	3	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
Endocarditis, chronic	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant lymphosarcoma	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Myocarditis, acute	2	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Myocarditis, chronic	9	2	11	2	2	4	3	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Digestive System.</i>																								
Diarrhea and enteritis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Duodenal ulcer (ruptured)	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastric ulcer (ruptured)	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Genito-urinary System.</i>																								
Nephritis, chronic interstitial	4	2	6	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nephritis, chronic parenchymatous	4	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Diseases of the Skin.</i>																								
Gangrene of foot	-	1	1	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
Total	64	58	122	13	6	19	16	10	26	10	6	16	-	3	3	2	-	2	4	2	6	-	2	2

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses* — Continued.

CAUSE OF DEATH.	PSYCHOSES.														
	WITH OTHER SOMATIC DISEASES.			MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRÆCOX.			PSYCHO-NEUROSES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>General Diseases.</i>															
Abscess of neck	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Carcinoma of intestines	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Carcinoma of stomach	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Carcinoma of uterus	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Cholecystitis, acute	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Epithelioma of nose	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Erysipelas of face	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
General septicæmia	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Pellagra	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Pernicious anæmia	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Rheumatism, acute articular	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Sudden death due to natural causes ¹	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Tuberculosis, pulmonary	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
<i>Nervous System.</i>															
Cerebral hemorrhage	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Convulsions due to alcoholism	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
General paralysis of the insane	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
<i>Respiratory System.</i>															
Broncho pneumonia	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Lobar pneumonia	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2

¹ From coroner's certificate.

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.*

PSYCHOSES.	TOTAL.			MONTHS.											
	Males.	Females.	Totals.	LESS THAN 1.			1-3.			4-7.			8-12.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	13	6	19	2	1	3	4	1	5	3	1	4	1	1	2
2. Senile	16	10	26	3	1	4	4	2	6	2	1	3	2	1	3
3. With cerebral arteriosclerosis	10	6	16	2	2	4	2	1	3	2	1	3	2	1	3
4. General paralysis	2	3	5	1	2	3	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases	4	2	6	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic	3	3	6	3	4	7	3	3	6	3	3	6	3	3	6
10. Due to drugs and other exogenous toxins	3	8	11	3	4	7	3	3	6	3	3	6	3	3	6
11. With pellagra	2	5	7	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases	2	5	7	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive	10	10	20	1	2	3	1	1	2	1	1	2	1	1	2
14. Involution melancholia	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
15. Dementia praecox	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia and paranoic conditions	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
20. With mental deficiency	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
22. Without psychosis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Total	64	58	122	12	13	25	12	8	20	5	5	10	7	2	9

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Oct. 1, 1921	-	10	10
Committed within the year	-	2	2
Whole number of cases within the year	-	12	12
Dismissed within the year	-	3	3
Returned to institution	-	3	3
Discharged	-	-	-
Died	-	-	-
Escaped	-	-	-
Remaining Sept. 30, 1922	-	9	9
Supported by State	-	7	7
Private	-	2	2
Self-supporting	-	-	-
Number of different persons within the year	-	10	10
Number of different persons admitted	-	2	2
Number of different persons dismissed	-	3	3
Daily average number	-	8.99	8.99
State	-	7.155	7.155
Private	-	1.835	1.835
Self-supporting	-	-	-

